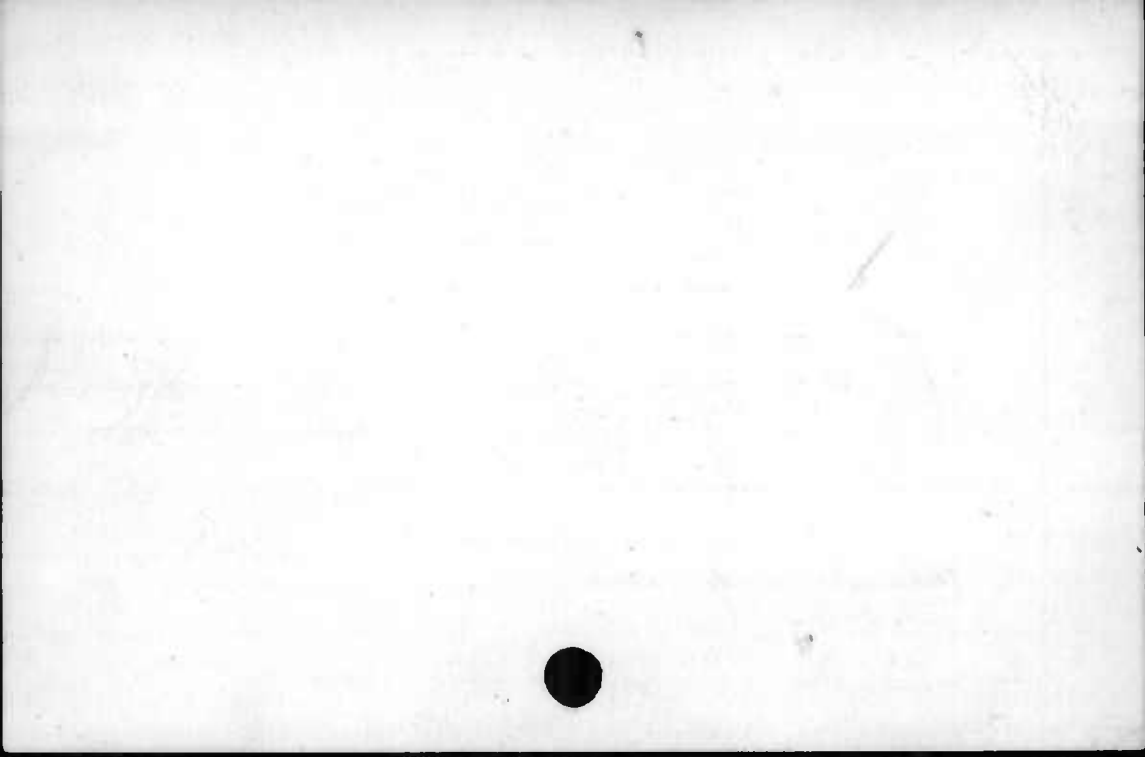


Name in Full		Mat Name & allaban				CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at		near Easton		Talbot		MARYLAND					
	Date of death		1906	Month	July	Day	28	Age	0	Years	Months	Days
	Sex		Male		Color or Race		White		Birth-place			near Easton, Md.
	Occupation		Baby		Where Residing if not at place of death							
	Married, Single or Widowed		Single		Name of Wife or Husband							
	Father's Name		J. B. allaban					Father's Birthplace		Del.		
	Mother's Maiden Name		Lizzie Slaughter					Mother's Birthplace		Talbot Co., Md.		
Name of person giving information		J. B. allaban					How related to deceased		Father			
CAUSES OF DEATH												
PHYSICIAN OR CORONER	Primary		Premature Birth (6 1/2 mos)					How long		1 mo.		
	Immediate		Exhaustion					How long		few days		
	Are the name, age, sex, color, date and place correctly given above?		yes					Signature of Physician		Chas. J. Sander		
	Accident or Suicide?							Address		Easton, Md.		

19 July at Exeter

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		John Bates			
		Died at <u>Oxford</u> Town		<u>Talbot</u> County	
		Date of death <u>1906</u> <u>July</u> <u>31</u> Month Day		<u>86</u> Years	
		Sex <u>Male</u>		Color or Race <u>White</u>	
		Occupation <u>Butcher</u>		Where Residing If not at place of death <u>Oxford</u>	
		Married, Single or Widowed		Name of Wife or Husband <u>Martha H</u>	
		Father's Name <u>Ameyrah Bates</u>		Father's Birthplace	
		Mother's Maiden Name		Mother's Birthplace	
Name of person giving Information <u>Wm L Bates</u>		How related to deceased <u>Son</u>			
		CAUSES OF DEATH <u>(104)</u>			
PHYSICIAN OR CORONER		Primary		How long	
		Immediate <u>Acute indigestion</u>		<u>Three days</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. H. Stevens</u>	
				Address <u>Oxford, Md.</u>	
		Accident or Suicide? <u>No</u>			



Name
in
Full

Babers

Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Sherwood* Town *Talbot* County
Date of death *1906* Month *July* Day *25* Age *—* Years *—* Months *—* Days *7*
Sex *Male* Color or Race *Black* Birth place *Sherwood*
Occupation *—* Where Residing if not at place of death *—*

Married, Single
or WidowedName of Wife or
HusbandFather's
Name*Chas Brooks*Father's
Birthplace*Sherwood Ind*Mother's
Maiden Name*Helen Pinder*Mother's
Birthplace*Sherwood Ind*Name of person giving
Information*Charlotte Pinder*How related
to deceased*Grandmother*

CAUSES OF DEATH

Primary

How long

Immediate

How long

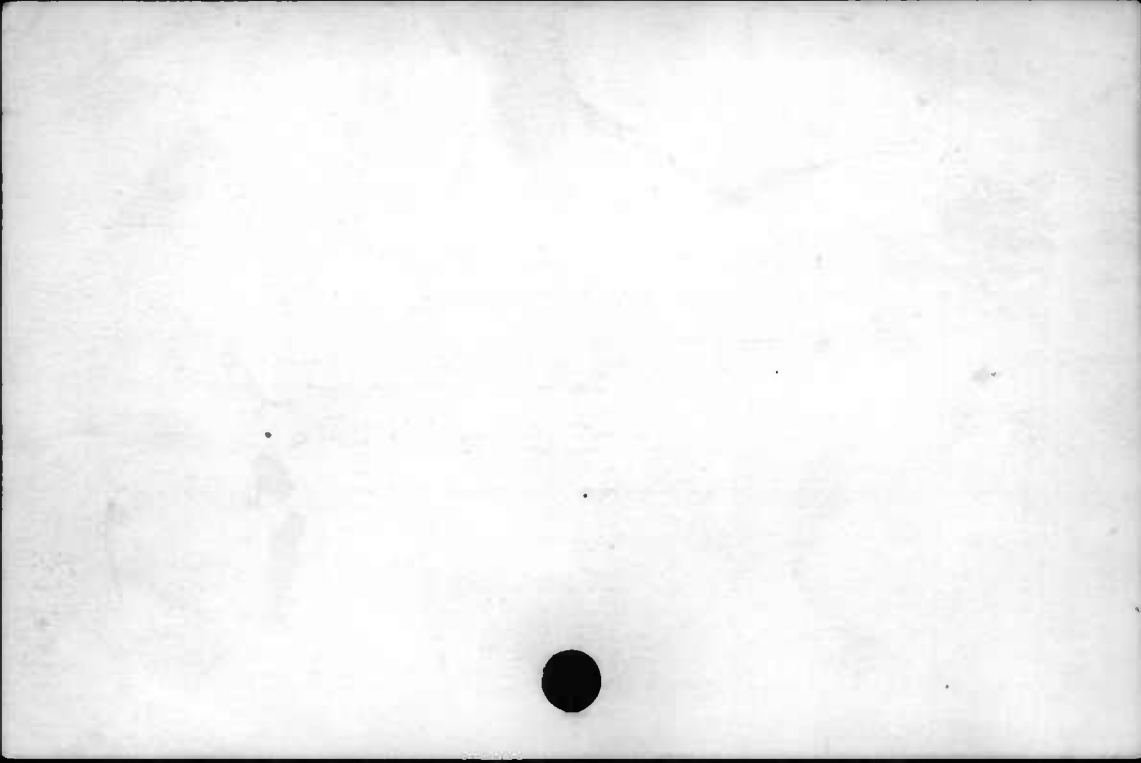
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

Unattended

Accident or Suicide?

*—**71**S. K. Wilson,*
Tilghman,
Ind



Name
in
Full

Charles Dean Calloway

CERTIFICATE OF DEATH

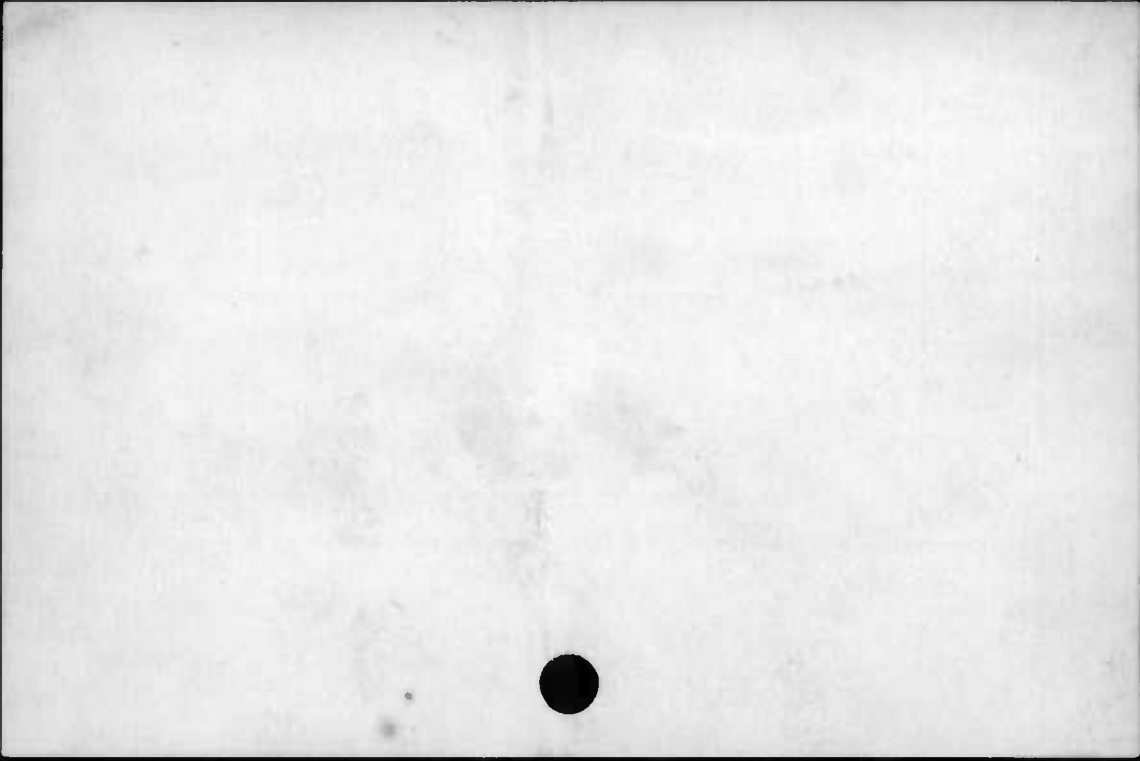
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lewistown		County Tallapoosa		MARYLAND	
Date of death		Month July	Day 19	Age 79	Months 8	Days 0	
Sex Male		Color or Race White		Birthplace Dorchester Co			
Occupation Farmer		Where Residing if not at place of death Lewistown					
Married, Single or Widowed Married		Name of Wife or Husband Emeline					
Father's Name Charles Calloway		Father's Birthplace Dorchester Co					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information J. G. Calloway		How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hemiplegia	How long	3 m's
Immediate	Emaciation	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		E. M. Little M.D.	
		Address	
		Cordova	
		Md.	
Accident or Suicide?			
—			



Name
in
Full

Viola Chase

CERTIFICATE OF DEATH

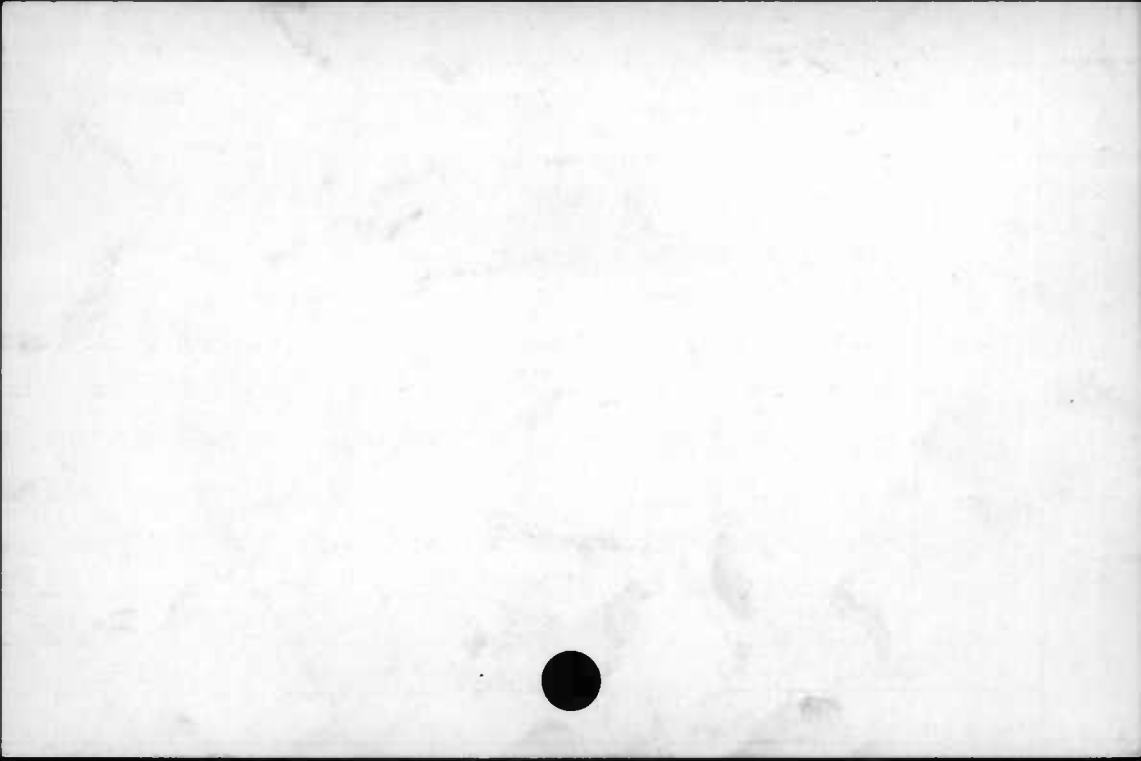
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Easton</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death 190 <i>6</i>	Month <i>July</i>	Day <i>18th</i>	Years <i>3</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Easton</i>		
Married, Single or Widowed <i>-</i>			Occupation <i>-</i>		
Name of Wife or Husband <i>-</i>					
Father's Name <i>Monroe Chase</i>			Father's Birthplace <i>Easton</i>		
Mother's Maiden Name <i>Lodie Kellum</i>			Mother's Birthplace <i>Easton</i>		
Name of person giving information <i>Wm. L. Collins</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	(93)	How long <i>month</i>
Immediate <i>Cordiac Arrest</i>		How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>P. L. Travers</i>	Address <i>Easton, Md.</i>
Accident or Suicide?		



Name
In
Full

Robert Henry Cooper

CERTIFICATE OF DEATH

MARYLAND

Died at *Pilghman* Town *Dalbot* CountyDate of death *1906* Month *7* Day *7* Age *73* Years Months *4* Days *13*Sex *male* Color or Race *White* Birthplace *Dalbot Co., Md.*Occupation *Merchant* Where Residing If not at place of death *Pilghman*Married, Single or Widowed *Married* Name of Wife or Husband *Mary Elizabeth*Father's Name *Unknown* Father's Birthplace *Unknown*Mother's Maiden Name *??* Mother's Birthplace *??*Name of person giving information *Mary E. Cooper* How related to deceased *wife*

CAUSES OF DEATH

Primary *Infirmities due to age* How long *many years*Immediate *Paralysis of heart* How longAre the name, age, sex, color, data and place correctly given above? *yes*

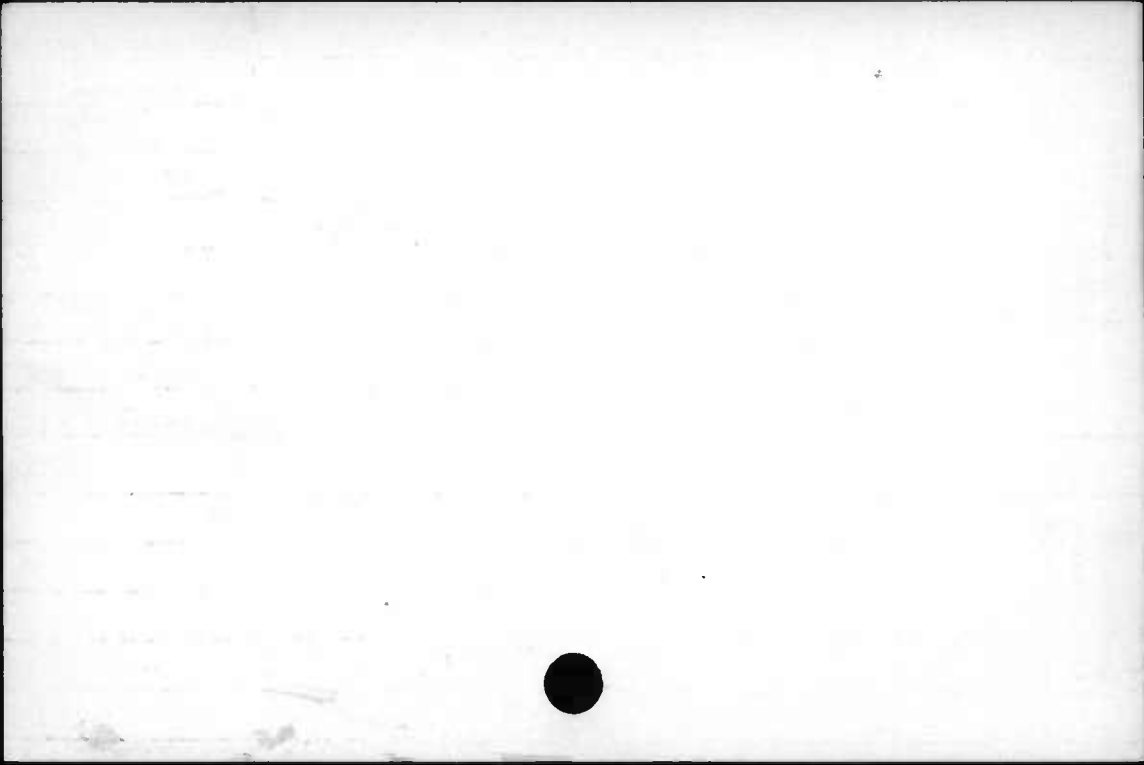
Signature of Physician

Address

W. W. Chaires
Pilghman, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Thomas E. Cryer

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} *Gilghman*^{County} *Talbot*Date
of death *1906*Month *July*Day *27*Age *72*

Years

Months

Days

Sex *Male*Color of
Race *White*Birth
place *Talbot Co. Md.*Occupation *Merchant*Where Residing if not
at place of death *Gilghman, Md*Married, Single
or Widowed *Single*Name of Wife or
HusbandFather's
Name *William T. Cryer*Father's
Birthplace *Talbot Co. Md*Mother's
Maiden Name *Miss Leonard*Mother's
Birthplace *Talbot Co. Md*Name of person giving
Information *Stephen Mernick*How related
to deceased *Brother-in-law*

CAUSES OF DEATH

Primary *Bright's disease*How long *1 yr*

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *S. Kennedy Wilson*Address *Gilghman
Md*Accident or Suicide? *no*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town <i>St Michael</i>		County <i>Salbot Co</i>		
Date of death		Month	Day	Years	Months	Days
1906		<i>July</i>	<i>fifteen</i>	Age <i>50</i>		
Sex <i>female</i>		Color or Race <i>colored</i>		Birth-place <i>Friedrich Md</i>		
Occupation <i>house work</i>		Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Lucina Gray</i>				
Father's Name <i>Daniel Johnson</i>		Father's Birthplace <i>Friedrich Md</i>				
Mother's Maiden Name <i>Hester Johnson</i>		Mother's Birthplace <i>Friedrich Md</i>				
Name of person giving information <i>Betha Barnett</i>		How related to deceased <i>Son</i>				

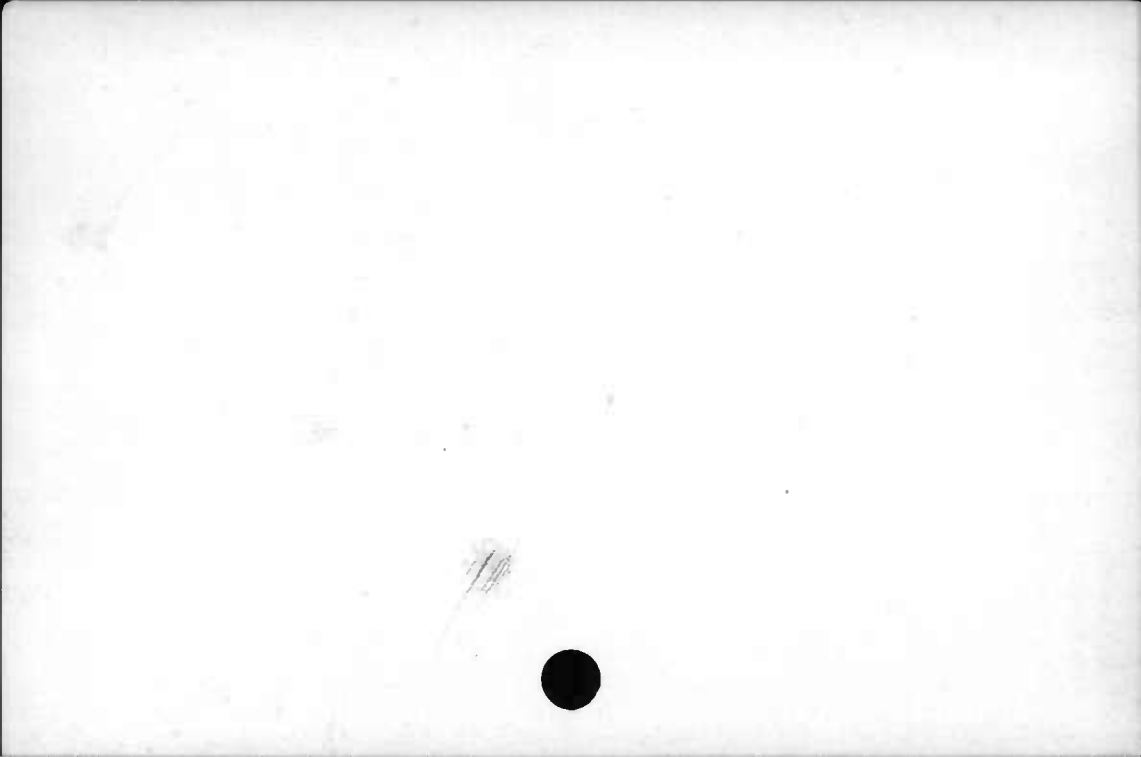
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>'Apoplexy'</i>	How long <i>2 weeks</i>
Immediate <i>Cardiac asthma</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H.E. Sapp M.D.</i>
	Address <i>St Michael Md</i>
Accident or Suicide?	



Name in Full		Capt. Thos. - Smith Dawson				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Sherwood		^{County} Talbot		MARYLAND					
		Date of death	1906	Month	July	Day	2	Age	Years 78	Months 11	Days
		Sex	Male		Color or Race	White -		Birth-place	Talbot Co.		
		Occupation	Farmer			Where Residing If not at place of death		Sherwood Md.			
		Married, Single or Widowed	Married		Name of Wife or Husband		Sidonia Dawson				
		Father's Name	William Dawson					Father's Birthplace	Talbot Co.		
		Mother's Maiden Name	Miss Balle Smith					Mother's Birthplace	—		
TO BE ANSWERED BY PHYSICIAN OR CORONER		Name of person giving information					Hugh Dawson		How related to deceased	Brother	
		CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary					Bright's Disease				
		Immediate					Enteric Colitis & Uremia				
		Are the name, age, sex, color, date and place correctly given above?					Yes				
		Signature of Physician					S. K. Wilson				
PHYSICIAN OR CORONER		Address					Tilghman				
		Accident or Suicide?					—				



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Name <i>Stephen Leonard De Gruchy</i>		Town <i>Grapple</i>		County <i>Talbot</i>		MARYLAND	
Died at		Date of death <i>1906</i>		Month <i>July</i>		Day <i>7</i>	
Age		Years		Months		Days <i>9</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>Grapple</i>			
Occupation <i>L</i>				Where Residing if not at place of death <i>L</i>			
Married, Single or Widowed <i>L</i>				Name of Wife or Husband <i>L</i>			
Father's Name <i>Charles De Gruchy</i>				Father's Birthplace <i>Baltimore Co.</i>			
Mother's Maiden Name <i>Leona Leonard</i>				Mother's Birthplace <i>Talbot Co.</i>			
Name of person giving In formation <i>J. C. De Gruchy</i>				How related to deceased <i>father</i>			

CAUSES OF DEATH

Primary	<i>Cyanoosis Neonatorum</i>	How long <i>150</i>	<i>8 hrs.</i>
Immediate		How long	

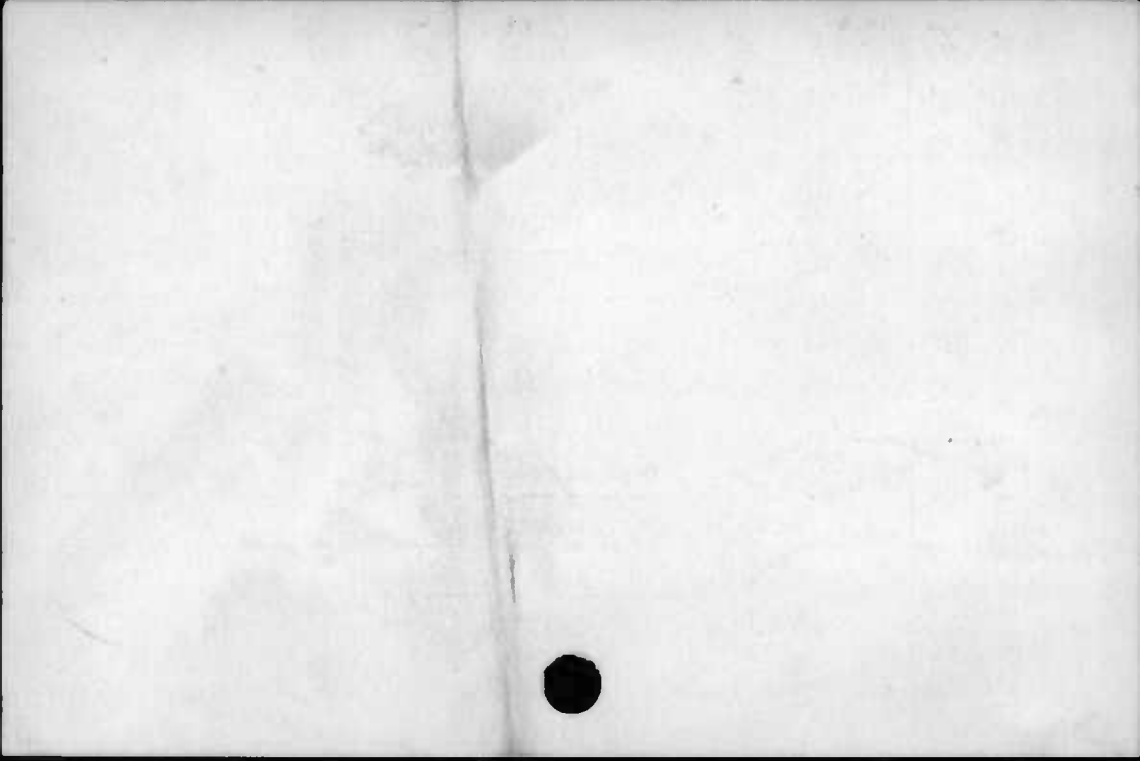
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*Mrs S. S. Suggs**Grapple, Md.*

Accident or Suicide?

no



Name
in
Full

CERTIFICATE OF DEATH

~~was not~~ *was not* *Named Embury*

Died *near Easton* ^{Town} *Talbot* ^{County} MARYLAND

Date of death *1906* Month *July* Day *10* Age *0* Years *0* Months *0* ^{Says} *13 hrs.*

Sex *Female* Color or Race *White* Birthplace *Near Easton Md.*

Occupation *Infant* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Percy C. Embury* Father's Birthplace *Canada*

Mother's Maiden Name *Louisa Walper* Mother's Birthplace *Baltimore, Md.*

Name of parson giving information *P. C. Embury* How related to deceased *Father*

CAUSES OF DEATH

Primary *Non Closure Foramen Ovale* How long *13 hrs -*

Immediate *asphyxia* How long *103 hrs*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Chas. F. Davidson*

Address *Easton, Md.*

Accident or Suicide? *—*



Name
in
Full

Mary Fields

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Royal Oak</i>		Town <i>Talbot</i>		County <i>Talbot</i>		MARYLAND	
Date of death	<i>1906</i>	Month	<i>July</i>	Day	<i>25</i>	Age	<i>71</i>
Sex	<i>Female</i>		Color or Race	<i>Negro</i>		Birth-place	<i>Talbot Co.</i>
Occupation	<i>Mid wife</i>			Where Residing if not at place of death		<i>Royal Oak Talbot Co</i>	
Married, Single or Widowed	<i>widow</i>		Name of Wife or Husband		<i>Samuell. Fields</i>		
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information					How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bright's Disease</i>	How long	<i>one year</i>
Immediate	<i>Heart failure</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Negro</i>		Signature of Physician <i>Samuel B. Triplett</i>	
		Address <i>Royal Oak Md</i>	
Accident or Suicide?			



Name
in
Full

George, E. Fields Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Royal Oak* Town *Palbot* County *MARYLAND*

Date of death *1906* Month *July* Day *6th* Age *14* Years Months *2* Days *17*

Sex *Male* Color or Race *Negro* Birth-place *Royal Oak*

Occupation *Laborer* Where Residing if not at place of death *Royal Oak*

Married, Single or Widowed *single* Name of Wife or Husband

Father's Name *Geo. E. Fields* Father's Birthplace *Palbot Co.*

Mother's Maiden Name *Larralu. Murrug.* Mother's Birthplace *Palbot Co.*

Name of person giving information *Geo. E. Fields.* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *6 months*

Immediate *Aschemia* How long *one week*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *James C. Lipper*

Address *Royal Oak, Md.*

Accident or Suicide?



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Mar ^{own} Royal Oak		Talbot ^{County}		MARYLAND	
Date of death	1906	Month	July	Day	28	Age	20
Sex		Male		Color or Race		Negro.	
Occupation		Laborer		Birth-place		Talbot Co.	
				Where Residing if not at place of death		Hopkins	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Alex Gibson		Father's Birthplace		Talbot Co. Md.	
Mother's Maiden Name		Hennie Thomas		Mother's Birthplace		Talbot Co. Md.	
Name of person giving information		Wm. Gibson		How related to deceased		Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Measles	How long	2 wks
Immediate	Tuberculosis	How long	6 mo
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		James L. Tripaker	
Address		Royal Oak Md	
Accident or Suicide?		No	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Royal Oak* Town *Harro*County *Talbot*Date of death *1906 July*Day *18*Age *74* Years

Months

Days

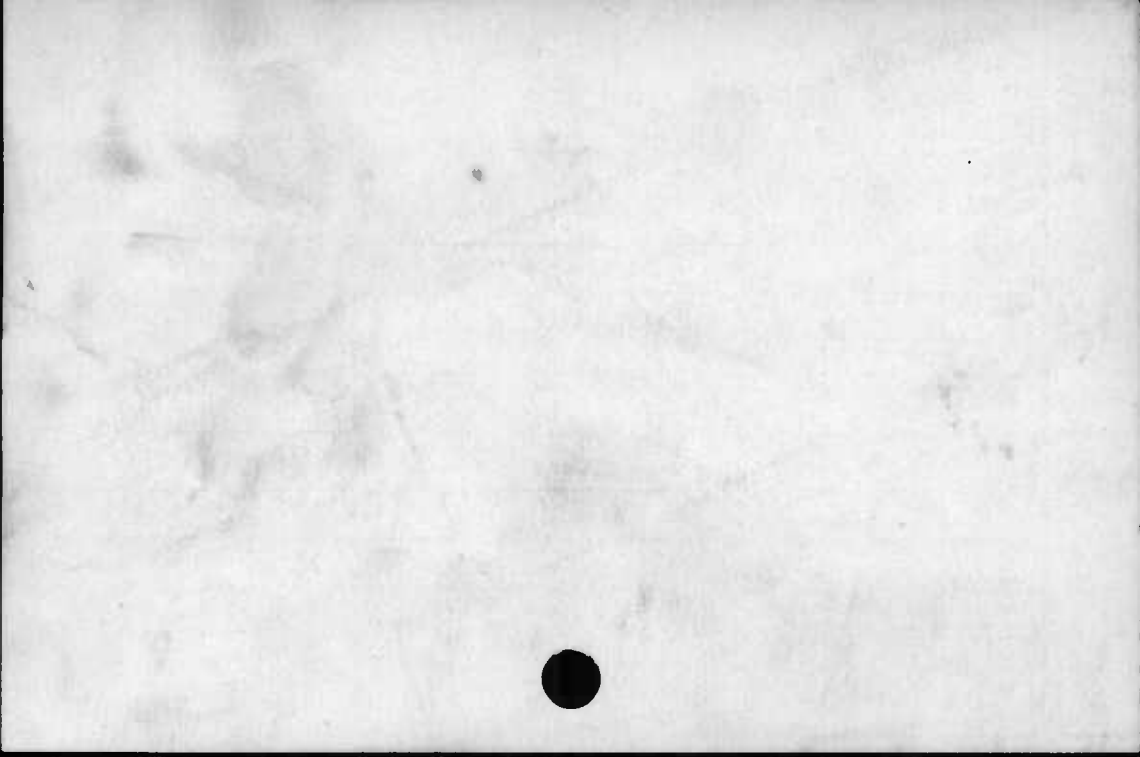
Sex *Female*Color or Race *Negro*Birthplace *Talbot*Occupation *Domestic*Where Residing if not at place of death *Talbot Co.*Married, Single or Widowed *Married*Name of Wife or Husband *Wm. Harrio*

Father's Name

Fether's Birthplace *Talbot*Mother's Maiden Name *Penny Sherwood*Mother's Birthplace *Talbot*Name of person giving information *Wm Harrio*How related to deceased *Husband*

CAUSES OF DEATH

Primary *Myxus-disease*How long *6. months*Immediate *Heart failure*How long *Immediate*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Paul B. Tripp*Address *Royal Oak Talbot Co.*Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

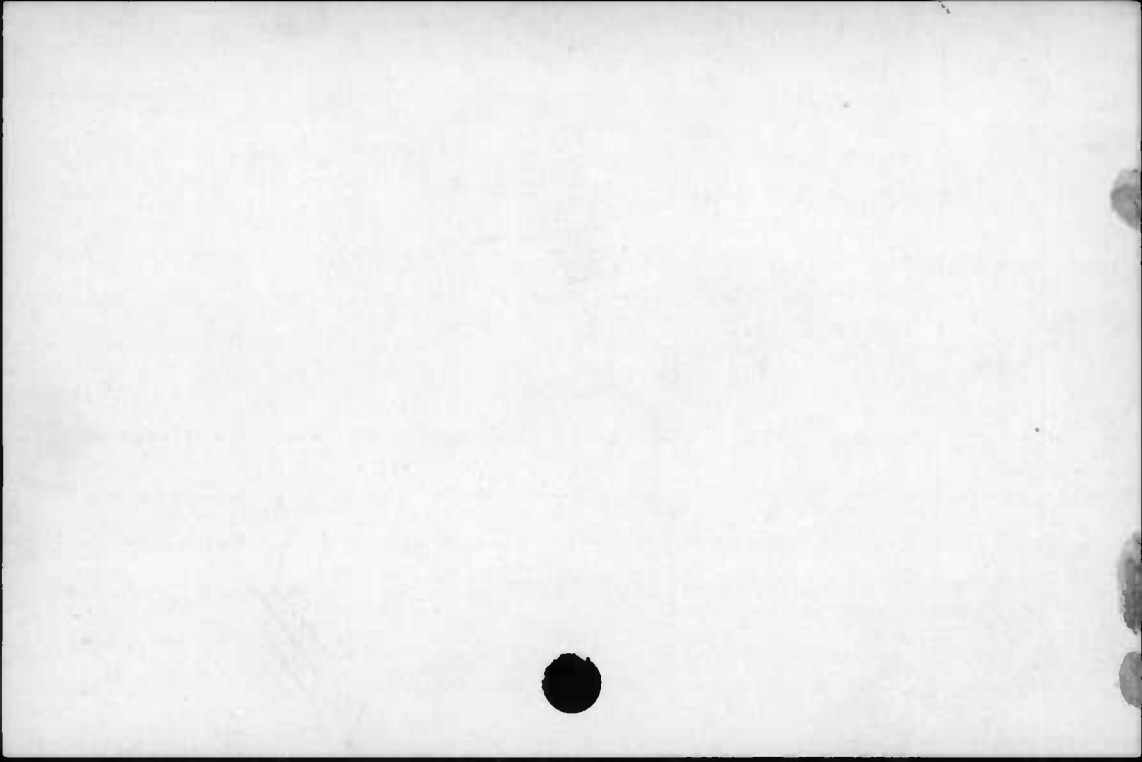
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Grapple		County Talbot			
Date of death		Month July		Day 14		Age Years 78	
Sex female		Color or Race colored		Birth- place Talbot Co		Months Days	
Occupation ✓		Where Residing if not at place of death County Home					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving In formation John De Guely		How related to deceased Overseer					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Brights mitral regurgit.	How long	Several years
Immediate	anemia & exhaustion	How long	Several weeks
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Wm S. Seymour	
		Address Grapple Md	
Accident or Suicide? no			



Name
in
FullInfant Child of. *Matthe James*
Town *Easton* County *Talbot*

CERTIFICATE OF DEATH

MARYLAND

Died at *Easton*

Date

of death *1906*

Month

July

Day

3

Age

Years

Months

6

Days

Sex

*Female*Color or
Race*Black*Birth-
place*Easton*

Occupation

Where Residing If not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
Husband*+*Father's
Name*George Johnson*Father's
Birthplace*+*Mother's
Maiden Name*Matthe James*Mother's
Birthplace*Easton*Name of person giving
Information*Grand Father Wm H James*How related
to deceased*Grand Father*

CAUSES OF DEATH

Primary

Cholic

How long

since its Birth

Immediate

How long

*6 mo*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

Dr. Sub Register
John B. Fairbank

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary E Lewis

CERTIFICATE OF DEATH

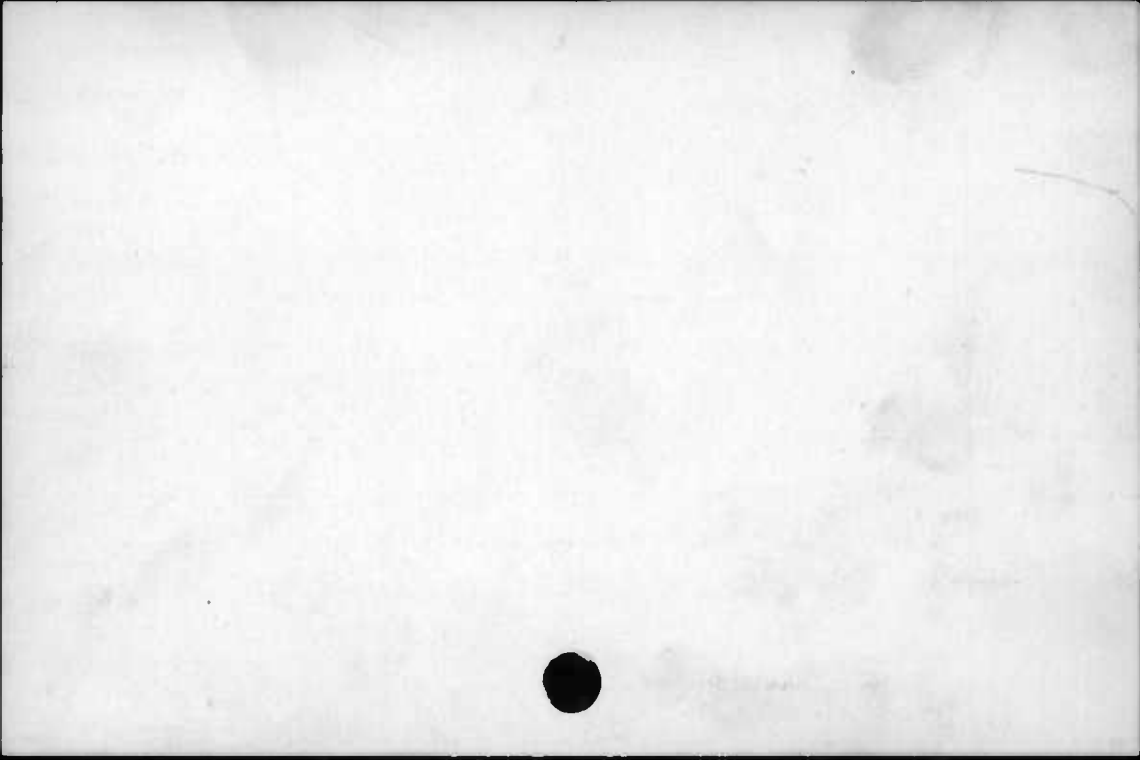
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Nepton</u> ^{Town} <u>Easton</u> ^{County} <u>Talbot</u>		MARYLAND	
Date of death <u>1906</u> ^{Month} <u>July</u> ^{Day} <u>26</u> ^{Years} <u>4</u> ^{Months} <u>8</u> ^{Days} <u>19</u>	Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Royal Oak</u>
Occupation <u>✓</u>	Where Residing if not at place of death <u>✓</u>		
Married, Single or Widowed <u>✓</u>	Name of Wife or Husband <u>✓</u>		
Father's Name <u>William H Lewis</u>	Father's Birthplace <u>X</u>		
Mother's Maiden Name <u>Estelle Lewis</u>	Mother's Birthplace <u>✓</u>		
Name of person giving information <u>William H Lewis</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cholera Infantum</u>	How long <u>24 hours</u>
Immediate <u>Exhaustion</u>	How long <u>2 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. Denny Willson M.D.</u>
	Address <u>Easton Md</u>
Accident or Suicide?	



Name in Full		Certificate of Death					
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Wittman</u> ^{Town}		<u>Falton</u> ^{County}		MARYLAND	
		Date of death <u>1906</u> ^{Month} <u>July</u> ^{Day} <u>27</u>		Age <u>38</u> ^{Years}		<u>11</u> ^{Months} <u>26</u> ^{Days}	
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Baltimore</u>	
		Occupation <u>Housewife</u>		Where Residing if not at place of death <u>Baltimore</u>			
		Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Joseph M. M. Smith</u>			
		Father's Name <u>James M. Smith</u>		Father's Birthplace <u>Weymouth, N.Y.</u>			
		Mother's Maiden Name <u>May E. Jones</u>		Mother's Birthplace <u>Baltimore</u>			
		Name of person giving information <u>John H. Harrison</u>		How related to deceased <u>Brother in law</u>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <u>Consumption</u>		How long <u>27</u> <u>4 years</u>			
		Immediate <u>Hemorrhage of the lungs</u>		How long			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>E. P. Sparks M.D.</u>			
		<u>Yes.</u>		Address <u>St. Michaels Md</u>			
		Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

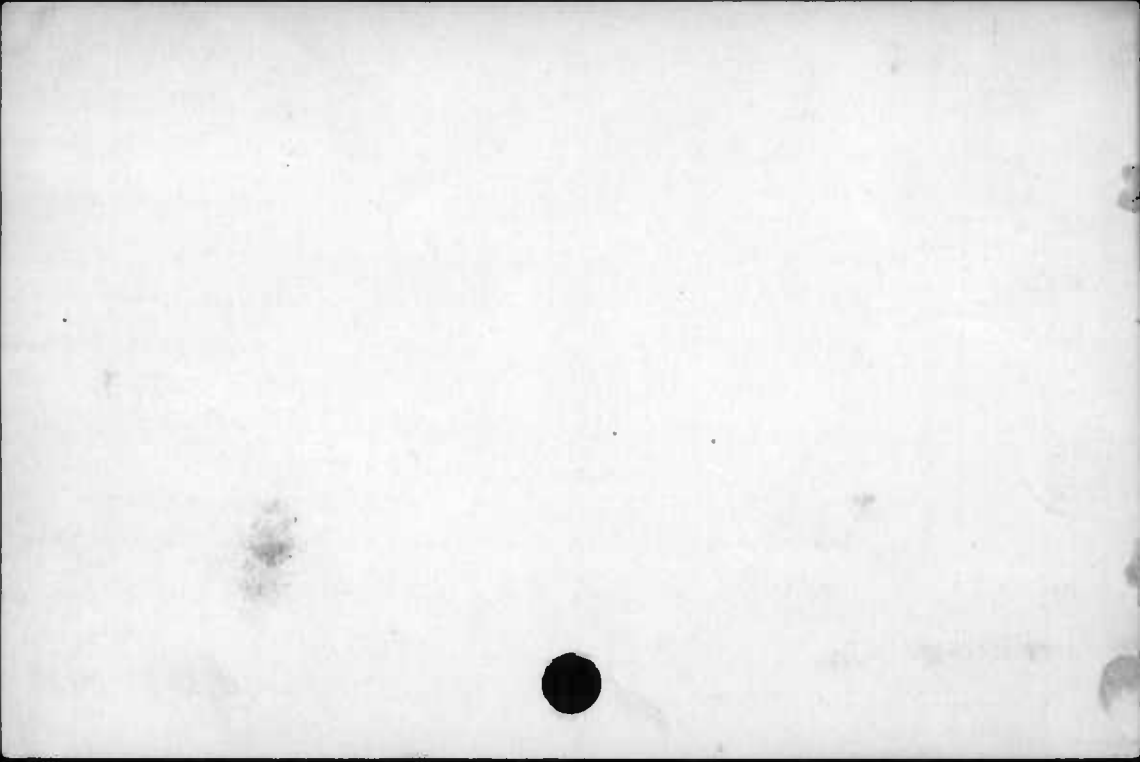
MARYLAND

Died at		Town		County			
Trappe		Talbot					
Date of death	1906	Month	July	Day	20	Years	24
Sex	male	Color or Race	white	Months	10	Days	
Occupation	✓			Birth-place	Talbot Co.		
Where Residing if not at place of death				✓			
Married, Single or Widowed		Single		Name of Wife or Husband		✓	
Father's Name		George H. Naylor		Father's Birthplace		Baltimore, Md.	
Mother's Maiden Name		Mattie C. Houghlet		Mother's Birthplace		Talbot Co.	
Name of person giving information		J. R. Madine		How related to deceased		Brother -	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis with abscess	How long	6 months
Immediate	Embolism	How long	a few minutes
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Wm S. Seymour	
Address		Trappe, Md.	
Accident or Suicide?		✓	



Name
in
Full

Ella Louise Purngton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Eggeston

Town

County

Date

of death 1906

Month

July

Day

14

Age

Years

32

Months

6

Days

Sex

Female

Color or
Race

Black

Birth-
place

Baltimore

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Joseph Purngton

Father's
Name

A. J. Davidson

Father's
Birthplace

Talbott

Mother's
Maiden Name

Sarah Ann Purngton

Mother's
Birthplace

Talbott

Name of person giving
Information

Sarah Ann Davidson

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Peritonitis (Cause of Peritonitis not known)

How long

8 days -

Immediate

Exhaustion

How long

few hrs

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Chas. F. Davidson M.D.

Address

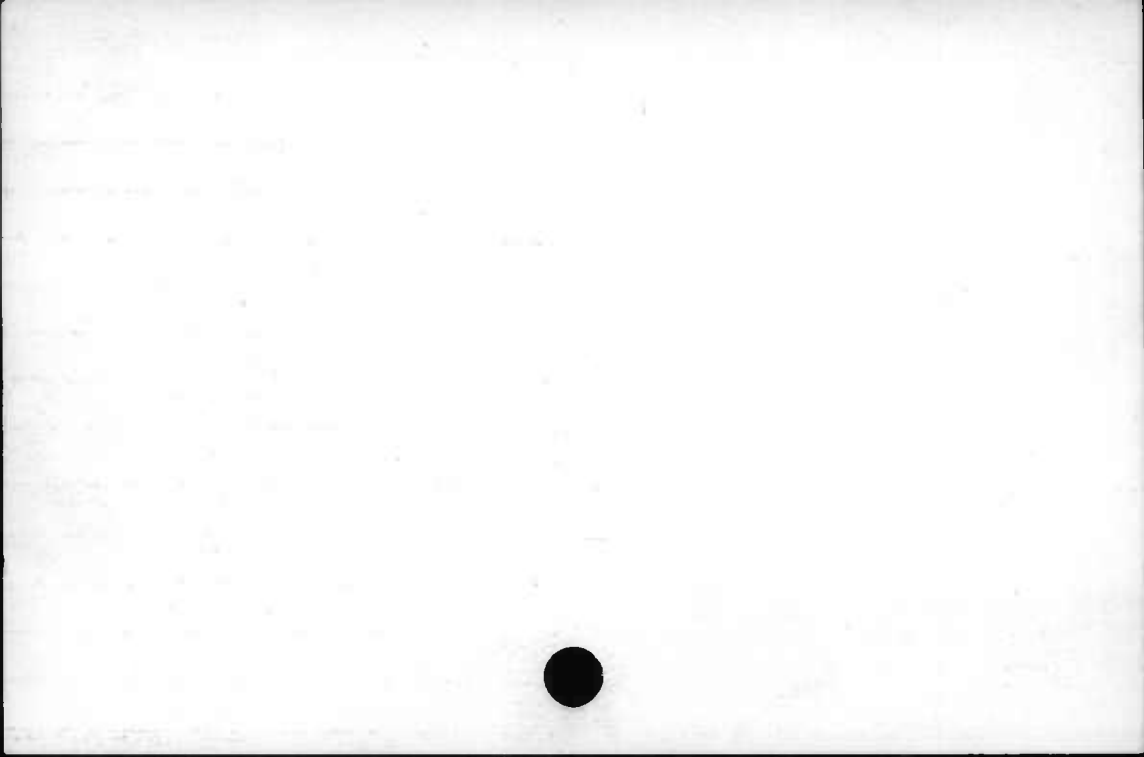
Easton, Md -

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		Anna Virginia Richardson				CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Tilghman</i>		Town <i>Talbot</i>		County		MARYLAND					
	Date of death	1906	Month	7	Day	11		Age	Years	Months	9	Days
	Sex	Female		Color or Race	White		Birth-place	Tilghman				
	Occupation					Where Residing If not at place of death						
	Married, Single or Widowed					Name of Wife or Husband						
	Father's Name	Marfield M. Leain Richardson						Father's Birthplace	Talbot Co.			
Mother's Maiden Name	Ellen Agnes Pritchett						Mother's Birthplace	Dorchester Co.				
Name of person giving information	Marfield M. Richardson						How related to deceased	Father				
CAUSES OF DEATH												
PHYSICIAN OR CORONER	Primary	<i>Uremia</i>						How long				
	Immediate	<i>Uremic Poison</i>						How long				
	Are the name, age, sex, color, date and place correctly given above?		Yes.				Signature of Physician	<i>W. W. Chaires,</i>				
							Address	<i>Tilghman, Md.</i>				
Accident or Suicide?												



Name
in
Full

William Denny Ross

CERTIFICATE OF DEATH

MARYLAND

Died at Easton ^{Town} Talbot ^{County}

Date of death 1906 7 ^{Month} 14 ^{Day} Age 0 ^{Years} Months 1 Days 24

Sex Male Color or Race White Birth-place Easton

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's Name Erasmus RossFather's Birthplace Talbot Co MdMother's Maiden Name Sarah MarvelMother's Birthplace Talbot Co MdName of person giving
Information Erasmus RossHow related
to deceased Father

CAUSES OF DEATH

Primary Chole cystitis & hepatitis How long 10 days

Immediate Exhaustion How long 1 day

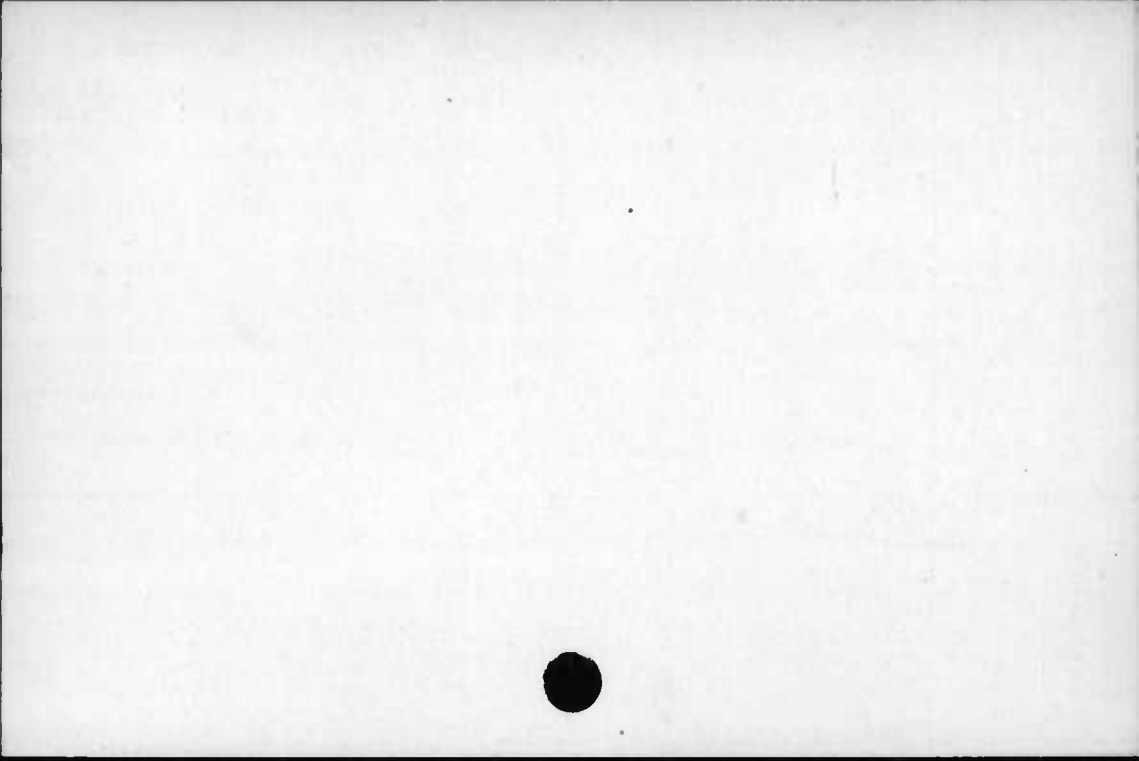
Are the name, age, sex, color, date
and place correctly given above?YesSignature of
Physician

Address

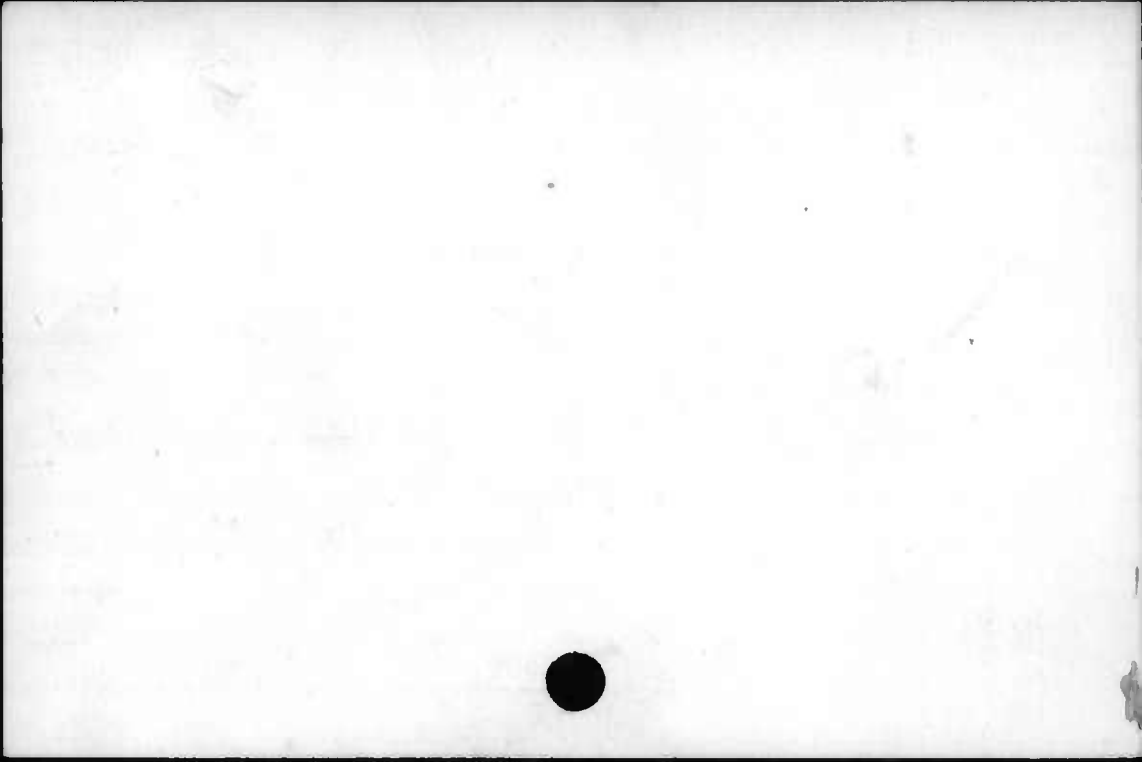
J Denny Williams MD
Easton Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		George Edward Sewell				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died <i>Mar Trappa</i> Town		County <i>Talbot</i>		MARYLAND		
		Date of death 190 <i>0</i>		Month <i>4</i>	Day <i>18</i>	Age Years	Months <i>3</i>	Days <i>1</i>
		Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>_____</i>		
		Occupation <i>_____</i>		Where Residing if not at place of death <i>_____</i>				
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>				
		Father's Name <i>George Sewell</i>				Father's Birthplace <i>Talbot Co Md</i>		
		Mother's Maiden Name <i>Nettie Stanley</i>				Mother's Birthplace <i>" " "</i>		
		Name of person giving information <i>Leon Hamper</i>				How related to deceased <i>Uncle</i>		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <i>Diarrhoea</i>		<i>105</i>		How long <i>4 days -</i>		
		Immediate <i>Exhaustion</i>				How long <i>4 days -</i>		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		
		<i>Yes -</i>		<i>Joseph A Ross M D</i>		<i>Trappa Talbot Co, Md</i>		
		Accident or Suicide?						



Name
in
Full

Nellie M. Smith

CERTIFICATE OF DEATH

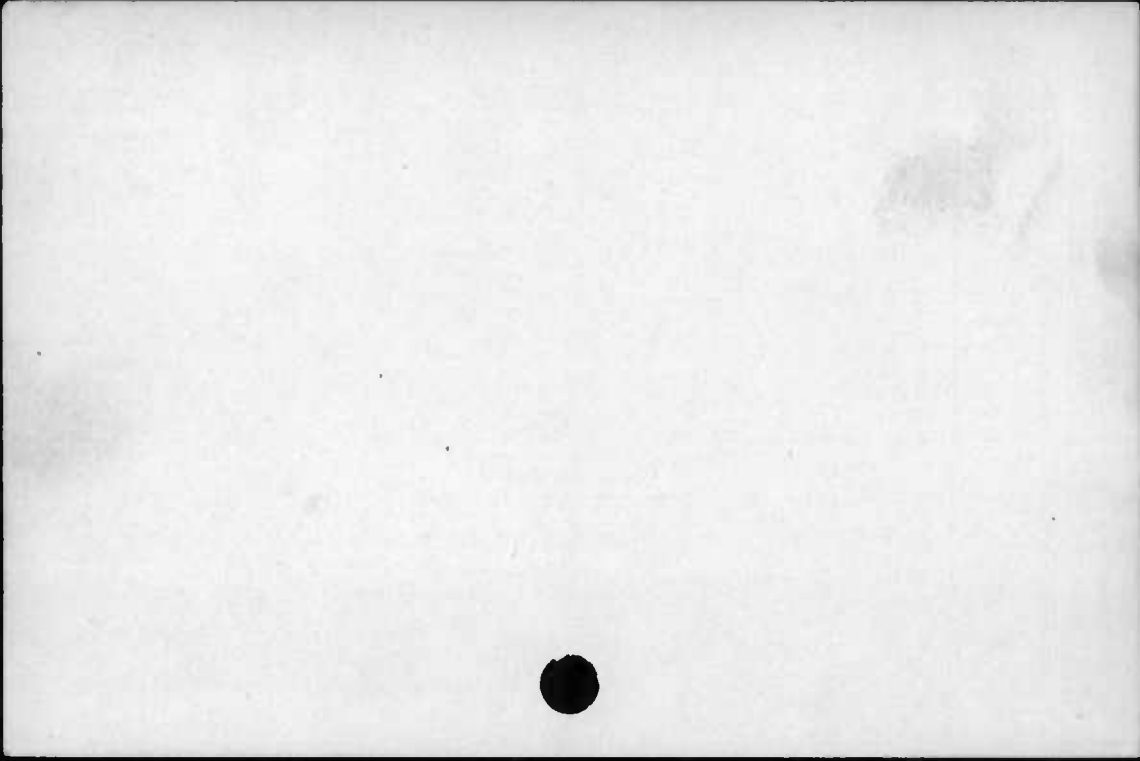
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town McC Daniel		County Talbot County		MARYLAND	
Date of death		190	Month July	Day 8	Age 1	Years 8	Months 3
Sex Female		Color or Race colored		Birth- place Baltimore			
Occupation -				Where Residing if not at place of death -			
Married Single or Widowed		Single		Name of Wife or Husband no			
Father's Name John Smith				Father's Birthplace McC Daniel			
Mother's Maiden Name Mary Lizzie Roberts				Mother's Birthplace McC Daniel			
Name of person giving In formation Josephine Roberts				How related to deceased Friend			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cholera Infantum & Whooping cough		How long 3 weeks	
Immediate General Asthma		How long 3 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. E. J. pp M.D.	
		Address St. Michael M.D.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Zenia Smith</i>		Town <i>M^c Daniel</i>		County <i>Talbot</i>		MARYLAND	
Died at		Month <i>7</i>		Day <i>21</i>		Years <i>50</i>	
Date of death <i>1906</i>				Age <i>50</i>		Months — Days —	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birthplace <i>Pocomoke City</i>			
Occupation		Where Residing if not at place of death <i>M^c Daniel</i>					
Married Single Widowed		Name of Wife or Husband <i>Joseph Smith</i>					
Father's Name <i>Smith Boston</i>		Father's Birthplace <i>Pocomoke City</i>					
Mother's Maiden Name <i>Don't Know</i>		Mother's Birthplace					
Name of person giving information <i>Loreasa Wright</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

Primary <i>Heart Failure</i>	How long <i>179</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. B. Sitch</i>
	Address <i>St Michael, Md</i>
Accident or Suicide? <i>No</i>	

PHYSICIAN
OR CORONER



Name
in
Full

Edward Otis Sullivan

CERTIFICATE OF DEATH

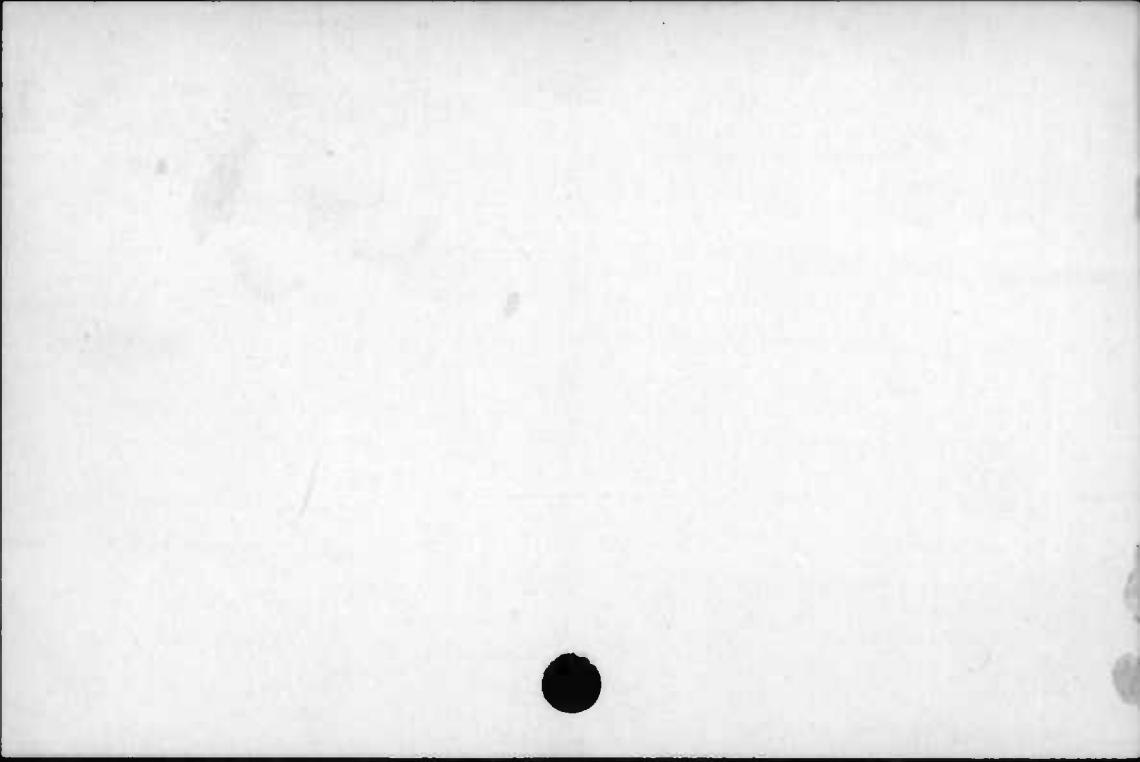
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Trappe</u> Town		County <u>Talbot</u>		MARYLAND	
Date of death <u>1906</u> Month <u>July</u> Day <u>24</u> Age <u>—</u> Years <u>—</u> Months <u>1</u> Days <u>5</u>		Sex <u>male</u> Color or Race <u>white</u>		Birth-place <u>Trappe</u>	
Occupation <u>✓</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>✓</u>		Name of Wife or Husband <u>✓</u>			
Father's Name <u>J. Edward Sullivan</u>		Father's Birthplace <u>Talbot Co.</u>			
Mother's Maiden Name <u>Mattie Slaughter</u>		Mother's Birthplace <u>Talbot Co</u>			
Name of person giving information <u>J. Harry Barnes</u>		How related to deceased <u>Friend</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Organic heart-disease</u>	How long <u>79</u> <u>✓</u>
Immediate	<u>Shock</u>	How long <u>6 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>William S. Symons</u>
		Address <u>Trappe</u>
Accident or Suicide?		



Name
in
Full

Robert N. Tratt.

CERTIFICATE OF DEATH

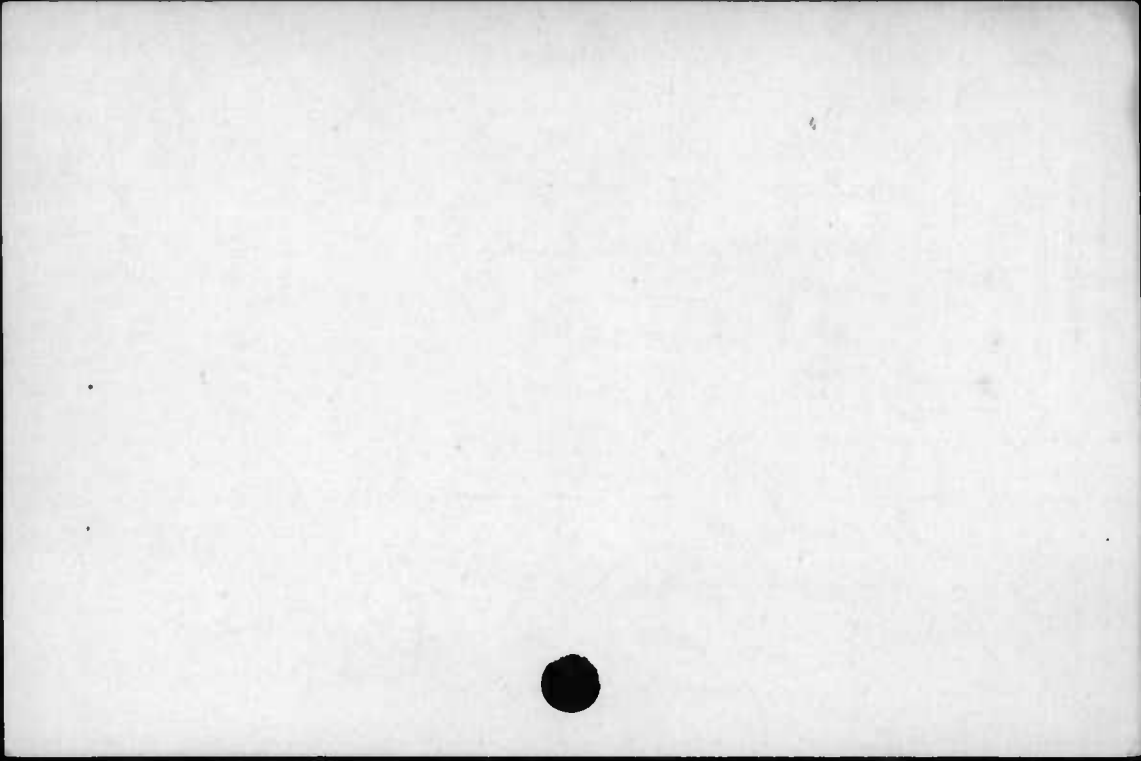
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town McDaniel		County Talbot		MARYLAND	
Date of death		190	Month July	Day 7	Years 73	Months —	Days —
Sex Male		Color or Race colored			Birth-place Talbot Co.		
Occupation laborer				Where Residing if not at place of death —			
Married, Single or Widowed Married		Name of Wife or Husband Eliza A. Tratt.					
Father's Name Joseph Tratt.		Father's Birthplace Talbot Co.					
Mother's Maiden Name Eliza Seligman		Mother's Birthplace Talbot Co.					
Name of person giving information Eliza Tratt.		How related to deceased Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	120
Immediate	Dysentery	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician H. E. Zipp, M.D.
			Address St. Michaels Md.
Accident or Suicide?			



Name

In
Full

CERTIFICATE OF DEATH

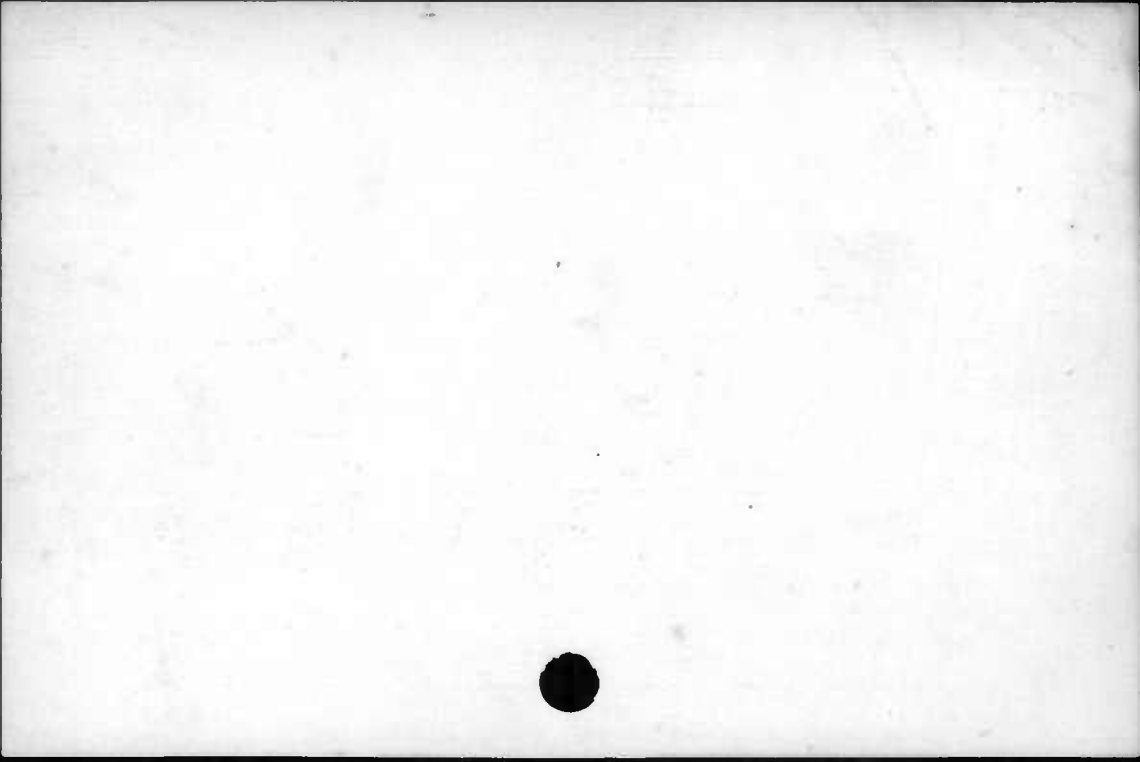
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
St Michaels				Talbot			
Date of death	1906	Month	July	Day	21	Years	33
Sex		Color or Race		Birthplace			
Male		Colonel		Newport			
Occupation		Where Residing if not at place of death					
Oysterman		St Michaels Md					
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Dropsy	6 weeks
Heart failure	
Immediate	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	J C Reed
	Address
	St Michaels
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Essex TownCounty Tribal

Date of death

1906 July

Day

31

Age

49

Months

Days

Sex

FemaleColor or
RaceBlackBirth-
placeColumbia Co., Md

Occupation

DomesticWhere Residing If not
at place of deathMarried, Single
or WidowedMarriedName of Wife or
HusbandGeorge WorlfordFather's
NameStoney TealFather's
Birthplace—Mother's
Maiden Name—Mother's
Birthplace—Name of person giving
In formationCharles H. TealHow related
to deceasedSon

CAUSES OF DEATH

Primary

Heart Dis - Arterio Sclerosis

How long

1 yr

Immediate

Coronary

How long

48 hoursAre the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

W. S. SherrillEssex, Md

Accident or Suicide?

